Community Alternatives Program Fee Schedule for Children (CAPCH) Effective: September 1, 2007

Procedure Code	Special Note	Description	Program Description	Billing Unit	Maximum Allowable
H0045		Respite care services, not in the home	Respite Care Institutional	Per Diem	\$ 179.02
S5125	Rate effective 10/1/2007	Attendant care services	CAP/C In-Home Aide	15 Min	\$ 3.70
S5150		Unskilled respite care, not hospice	Respite Care In-Home/Aide Level	15 Min	\$ 3.65
S5165		Home modifications	Home Mobility Aids	*	\$ 1,500.00
T1000		Private duty/independent nursing service(s)- licensed, up to 15 minutes	CAP/C Nursing Services	15 Min	\$ 9.43
T1005		Respite care services, up to 15 minutes	Respite Care In-Home/Nurse Level	15 Min	\$ 9.43
T1016		Case management, each 15 minutes	CAP/C Case Management	15 Min	\$ 15.25
		Disposable liner/shield/guard/pad/undergarment	Disposable liner/shield for		

	Rate					
S5125	effective 10/1/2007	Attendant care services	CAP/C In-Home Aide	15 Min	\$	3.70
S5150		Unskilled respite care, not hospice	Respite Care In-Home/Aide Level	15 Min	\$	3.65
S5165		Home modifications	Home Mobility Aids	*	\$ 1	,500.00
T1000		Private duty/independent nursing service(s)-licensed, up to 15 minutes	CAP/C Nursing Services	15 Min	\$	9.43
T1005		Respite care services, up to 15 minutes	Respite Care In-Home/Nurse Level		\$	9.43
T1016	1	Case management, each 15 minutes	CAP/C Case Management	15 Min	\$	15.25
T4535		Disposable liner/shield/guard/pad/undergarment, for incontinence	Disposable liner/shield for incontinence	Each	\$	0.36
T4539		Incontinence product, diaper/brief, reusable, any size	Incontinence product, diaper/brief, reusable, any size	Each	\$	22.36
D4150 D0		Enteral formula nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100		100 041	ф	0.70
B4150 BO	 	calories = 1 unit	Wavier Supply	100 CAL	\$	0.70
		Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5kcal/ml with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may includes fiber administered through an enteral feeding tube,				
B4152 BO		100 cal	Wavier Supply	100 CAL	\$	0.58

Procedure Code		Description	Program Description	Billing Unit	Maximum Allowable
3342		2 company	110614111 2 00022 1 1022	0121	1220 // 4222
	Er	nteral formula, nutritionally complete, hydrolyzed			
	_	roteins (amino acids and peptide chain), includes			
		ats, carbohydrates, vitamins, and minerals, may			
		nclude fiber, administered through an enteral			
B4153 BO		eeding tube, 100 calories = 1 unit	Wavier Supply	100 CAL	\$ 1.99
		nteral formula, nutritionally complete, for special			
		netabolic needs, excludes inherited disease of			
		netabolism includes altered composition proteins,			
		ats, carbohydrates, vitamins and/or minerals, may			
		icludes fiber, administered through an enteral			
B4154 BO	fe	eed	Wavier Supply	100 CAL	\$ 1.27
	F-				
		nteral formula nutritionally incomplete/modular			
		utrients, includes specific nutrients, carbohydrates			
		E.G. medium chain triglycerides) or combination,			
B4155 BO		dministered through an enteral feeding tube, 100 alories = 1 unit	Wavier Supply	100 CAL	\$ 0.99
D4133 DU		nteral formula, nutritionally complete for special	wavier suppry	100 CAL	\$ 0.99
		netabolic needs for inherited disease of			
		netabolism, includes proteins, fats, carbohydrates,			
		itamins & minerals, may include fiber,			
		dministered through an enteral feeding tube, 100			
B4157 BO		alories = 1 unit.	Wavier Supply	100 CAL	\$ 1.19
<i>B</i> 1137 <i>B</i> 0		1 4111.	waver suppry	100 6/12	Ψ 1110
	Er	nteral formula, for pediatric, nutritionally			
		omplete with intact nutrients, includes proteins,			
	fa	ats, carbohydrates, vitamins & minerals, may			
	in	icludes fiber, administered through an enteral			
B4158 BO		eeding tube, 100 calories = 1 unit.	Wavier Supply	100 CAL	\$ 0.65
		nteral formula, for pediatric, nutritionally			
		omplete soy based with intact nutrients, includes			
	_	roteins, fats, carbohydrates, vitamins & minerals,			
		nay include fiber and/or iron, administered			
		arough an enteral feeding tube, 100 calories = 1			
B4159 BO	ur	nit.	Wavier Supply	100 CAL	\$ 0.65

Procedure Code	Description	Program Description	Billing Unit	Maximum Allowable
	Enteral formula, for pediatrics, nutritionally			
	complete calorically dense (equal to or greater than			
	0.7 KCAL/ML) with intact nutrients, includes			
	proteins, fats carbohydrates, vitamins & minerals,			
D 41 CO DO	may includes fiber, administered through an	M7	100 641	¢ 0.55
B4160 BO	enteral feeding tube, 100 calories - 1 unit	Wavier Supply	100 CAL	\$ 0.55
	Enteral formula, for pediatric, hydrolyzed/amino			
	acids & peptide chain proteins, includes fats,			
	carbohydrates, vitamins & minerals, may includes			
	fiber, administered through an enteral feeding tube,			
B4161 BO	100 calories = 1 unit.	Wavier Supply	100 CAL	\$ 1.87
	Enteral formula, for pediatrics, special metabolic			
	needs for inherited disease of metabolism, includes			
	proteins, fats, carbohydrates, vitamins and			
	minerals, may includes fiber, administered through			
B4162 BO	an enteral feeding tube, 100 calories = 1 unit.	Wavier Supply	100 CAL	\$ 1.19

Additional notes:

Billing procedures are in the specific CAP manual.

Providers must bill their usual and customary charges.